

MISSING PERSON INQUIRY FORM

THE NAME OF THE PERSON CALLING:

THE PHONE NUMBER (S) OF THE PERSON CALLING:

HOME:

CELL:

WORK:

OTHER:

THE NAME OF THE FRIEND (S) OR FAMILY MEMBER (S):

THEIR PHONE NUMBER (S):

THE TOTAL NUMBER OF PEOPLE IN THE GROUP:

THE ADDRESS OF THE RESIDENCE:

STREET ADDRESS:

APARTMENT NAME AND NO.:

TOWN:

ZIP CODE:

COUNTY:

PHONE NUMBER:

EVACUATION INFORMATION:

WERE THEY PLANNING TO EVACUATE: YES NO

EVACUATION PLANS:

ADDITIONAL INFORMATION:

(PLEASE LIST ANY MEDICAL OR SPECIAL NEEDS)